

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031363

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1085

STATE FILE NUMBER

VS 300
Rev. 4/59

15117

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

C.A. Bascom, M.D.

FILED SEP 16 1963

| | | | |
|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u> | | c. CITY OR TOWN <u>St. Joseph</u> | |
| Length of stay in lb <u>27 days</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION <u>Richman Nursing Home</u> <u>1313 North 10th Street</u> | | d. STREET ADDRESS (If outside, give location) <u>3503 Mitchell</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>C.</u> Last <u>Deaton</u> | | 4. DATE OF DEATH Month <u>August</u> Day <u>31</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>10/3/75</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Self-employed</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Albany, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George Deaton</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rachel Ernst</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Catherine Deaton</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>[REDACTED]</u> | | 17. INFORMANT Address <u>Thelma Argus 3503 Mitchell, St. Joseph</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broncho Pneumonia</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Unknown</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | 20c. TIME OF INJURY. Hour <u>8:15</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>8/23/63</u> to <u>8/31/63</u> and last saw him alive on <u>8/29/63</u> Death occurred at <u>8:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Charles A. Bascom M.D.</u> | | 22b. ADDRESS <u>St. Joseph, Missouri</u> <u>2505 Edmond</u> | |
| 22c. DATE SIGNED <u>Sept 9, 1963</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>Sept 3, 1963</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>King City</u> | |
| 23d. LOCATION (City, town, or county) <u>King City, Missouri</u> | | 24. FUNERAL DIRECTOR <u>Roland Clark</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Sept. 12, 1963</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Handell</u> | |

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 8-31-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland W. Clark

Licensed Embalmer No. 4477

P. O. Address King City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.